

CONSUMER COMPLAINT

For use of this form, see AR 608-1; the proponent agency is OACSIM

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC Section 3013, Secretary of the Army; Army Regulation 608-1, Army Community Service Center.

PRINCIPAL PURPOSE: To provide information for Army Community Service personnel to assist military consumers in solving their complaints.

ROUTINE USES: None.

DISCLOSURE: Voluntary. However, failure to provide the requested information will impede and limit services provided by Army Community Service to individuals seeking assistance.

1. NAME		2. DATE (YYYYMMDD)	3. TIME
4. UNIT/ORGANIZATION	5. HOME PHONE	6. BUSINESS PHONE	7. FAX PHONE
8. ADDRESS (Street, City, State, and ZIP Code)		9. STATUS	
		<input type="checkbox"/> ACTIVE DUTY	
		<input type="checkbox"/> RETIRED	
		<input type="checkbox"/> SPOUSE/FAMILY MEMBER	
10. E-MAIL ADDRESS		<input type="checkbox"/> OTHER (Specify)	
11a. NAME OF AGENCY/SERVICE INVOLVED			
11b. ADDRESS (Street, City, State, and ZIP Code)		11c. E-MAIL ADDRESS	
12. NAME OF SALES PERSON		13. DATE OF TRANSACTION (YYYYMMDD)	
14. PRODUCT OR SERVICE DESCRIPTION		15. ACCOUNT NUMBER, IF ANY	
16a. WHAT IS YOUR COMPLAINT?			

16b. HAVE YOU COMPLAINED TO THE COMPANY?

☐ YES IF YES, WHEN?
☐ NO

16c. WHAT WAS THEIR RESPONSE?

16d. PLEASE DESCRIBE HOW YOU FEEL THE PROBLEM SHOULD BE RESOLVED

16e. WHAT IS BEING DONE TO RESPOND TO THE COMPLAINT?

16f. WAS THE CONSUMER REFERRED? ☐ YES ☐ NO

16g. DESCRIBE FINAL RESOLUTION OF THE CASE

17. OTHER COMMENTS

18a. TYPED NAME AND SIGNATURE OF INTERVIEWER

18b. DATE (YYYYMMDD)